

Incorrect certificates will be returned for correction.

PLACE OF DEATH		Arizona Territorial Board of Health	
		BUREAU OF VITAL STATISTICS	340
COUNTY	<u>Cochise</u>	ORIGINAL CERTIFICATE OF DEATH	
DISTRICT	<u>Douglas</u>	TERRITORIAL INDEX NO.	<u>33</u>
TOWN	<u>Douglas</u>	COUNTY REGISTERED NO.	<u>184</u>
OR CITY	<u>Douglas</u>	NO. <u>1631</u>	ST. <u>7th</u>
		LOCAL REGISTRAR'S NO. <u>1031</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Eduardo Acedo</u>			
PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
SEX	<u>M</u>	COLOR or RACE	<u>White</u>
		Single	<u>MARRIED</u>
		WIDOWED	
		or DIVORCED	
DATE OF BIRTH	<u>March 26</u> 19 <u>11</u>	DATE OF DEATH	<u>April 17</u> 19 <u>11</u>
	(Month) (Day) (Year)		(Month) (Day) (Year)
AGE	<u>0</u> yrs. <u>0</u> mos. <u>22</u> days	I hereby certify, that I attended deceased from _____	
	If less than 1 day, _____ hrs., or _____ min.	1911 to _____ 1911; that I last saw h. _____ alive	
OCCUPATION	(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	on _____ 1911 and that death occurred on the date	
BIRTHPLACE	<u>Arizona</u>	stated above at <u>12</u> M. The DISEASE or INJURY causing Death	
	(State or country)	was as follows:	
NAME OF FATHER	<u>Francisco Acedo</u>	<u>Congenital debility</u>	
BIRTHPLACE OF FATHER	<u>Mexico</u>	<u>No Physician</u>	
MAIDEN NAME OF MOTHER	<u>Soledad Carra</u>	Was disease contracted in Arizona? <u>15/11</u>	
BIRTHPLACE OF MOTHER	<u>Mexico</u>	If not, where? _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		CONTRIBUTORY _____	
(Informant)	<u>Fra Francisco Acedo</u>	(Duration) _____ yrs. _____ mos. _____ days	
(Address)	<u>Douglas</u>	(Signed) <u>Malpene</u> M. D.	
PLACE OF BURIAL OR REMOVAL	<u>April 1911</u>	LOCAL REGISTRAR OF VITAL STATISTICS	
DATE OF BURIAL OR REMOVAL	<u>4/18/11</u>	_____, 1911 (Address) _____	
UNDERTAKER	<u>Malpene</u>	*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
ADDRESS	<u>Malpene</u>	LENGTH OF RESIDENCE	
		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
		Former or Usual Residence _____	
		Filed <u>4/17/11</u> 1911 <u>Malpene</u> Local Registrar	
		Filed <u>5/11/11</u> 1911 <u>Malpene</u> County Registrar	